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IN THE SPECIFICATION:

Please AMEND paragraph 38, the last paragraph on page 7, as follows:

The approximate positions of electrodes 8, 20 and 23 and can 11 as shown in FIG. 1 FIG. 1A are illustrative. Multiple electrode pathways for delivering defibrillation waveforms in accordance with the present invention may be selected between coil electrodes 8, 20 and 23, or may alternatively include can 11 in combination with two or three of the coil electrodes 8, 20 or 23. In some embodiments, can 11 may be electrically coupled to the same potential as one of the coil electrodes 8, 20 or 23. When 3-electrode configurations are used, the triangle formed by the three electrodes preferably encompasses a large volume of the targeted cardiac chamber(s).

Please AMEND paragraph 40 on page 8 as follows:

While a particular multi-chamber ICD and lead system is illustrated in FIG. 4 FIG. 1A methodologies included in the present invention may be adapted for use with other single chamber, dual chamber, or multichamber ICD systems involving multiple defibrillation electrodes located within the heart or external to the heart such as epicardial or subcutaneous placements. The implementation of the present invention may also include a device that does not employ cardiac leads as described above to detect and treat arrhythmias. For example, a device implanted subcutaneously or sub-muscularly in a position over the heart such as an axillary location could use non-intracardiac lead based methods for delivering electrical stimulation therapies and sensing cardiac activity.

Please AMEND paragraph 45 on page 9 as follows:

FIG. 2 is a functional block diagram of the cardiac stimulation device shown in FIG. 1 FIG. 1A. This diagram should be taken as exemplary of the type of device with which the invention may be embodied and not as limiting, as it is believed that the invention may be usefully practiced in a wide variety of device implementations. For example, the present invention may be practiced in a

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device intended for delivering cardioversion and/or defibrillation shocks to one or more heart chambers and may or may not include other cardiac stimulation therapy capabilities, e.g., cardiac pacing therapies. The disclosed embodiment shown in FIG. 2 is a microprocessor-controlled device, but the methods of the present invention may also be practiced with devices employing dedicated integrated circuitry for controlling device functions.

Please AMEND paragraph 46 on page 10 as follows:

With regard to the electrode system illustrated in FIG. 1 FIG. 1A, the ICD 10 is provided with a number of connection terminals for achieving electrical connection to the cardiac leads 6, 15, and 16 and their respective electrodes. The connection terminal 311 provides electrical connection to the housing 11 for use as an active electrode during defibrillation. The connection terminals 320, 310, and 318 provide electrical connection to coil electrodes 20, 8 and 23 respectively. Each of these connection terminals 311, 320, 310, and 318 may be located in connector block 12 and are coupled to the high voltage output circuit 234 to facilitate the delivery of high energy shocking pulses to the heart using coil electrodes 8, 20, and 23 and optionally the housing 11.

Please AMEND paragraph 69 on page 18 as follows:

In alternative embodiments, an output bridge circuit may be coupled to defibrillation electrodes arranged in a "Wye" configuration rather than a Delta configuration as described above for delivering phase-shifted defibrillation waveforms. FIGS. 6A and 6B are schematic diagrams illustrating Delta and "Wye" electrode configurations, respectively, that may be used for delivering phase-shifted defibrillation waveforms. As described previously, three electrodes, e.g., RV coil electrode 20, SVC coil electrode 23 and CS coil electrode 8, may be used in a Delta configuration as shown in FIG. 7A FIG. 6A. The triangle enclosed by the Delta configuration preferably produces an energy field encompassing a large mass of the targeted heart chambers.